

**2015 PLAYER/COACH WAIVER, RELEASE OF LIABILITY AND INDEMNIFICATION AGREEMENT ROSTER
OFFICIAL CHAMPIONSHIP ROSTER
LIABILITY WAIVER**

I, the signed player or the parent or legal guardian of a minor player named on this roster, acknowledge, agree and understand that: 1.) Voluntarily and of my own free will, I elect to participate as a member of the softball team and league indicated below. 2.) I understand that there are certain risks and hazards involved in participating in softball including, but not limited to those hazards associated with weather conditions, other players and with stationary objects, all of which can cause serious injury or death to me and to other players. Further, I agree that in consideration for right to play as a member of the team designated below while practicing or playing as a member of the team so designated, (a) while serving in a non-playing capacity as a team member or observer during practice or play by other teams or by other players on my team, and (c) while on or upon the premise of any and all of the fields arranged for by my team or league for practice or play. 2.) I release, discharge and agree not to sue the team and/or league designated below or any league, field or the ASA for any claim, damages, cost or cause of action which I have or may in the future have as a result of injuries or damages sustained or incurred by me from whatever cause including, but not limited to the negligence, breach of contract or wrongful conduct of these parties hereby released. I further agree that I shall hold harmless and fully indemnify the parties hereby release from any claims, damages, by any of the parties or entities hereby released, I ACKNOWLEDGE THAT I HAVE READ AND THAT I UNDERSTAND EACH AND EVERY ONE OF THE ABOVE PROVISIONS IN THIS WAIVER, RELEASE OF LIABILITY AND INDEMNIFICATION AGREEMENT AND AGREE TO ABIDE BY THEM.

PLAYER AFFIDAVIT
EACH PLAYER SHOULD READ THE FOLLOWING STATEMENT BEFORE COMPLETING AND SIGNING INVERSE PAGE. I have received the ASA's Official Rules of Softball and I understand and agree to be bound by the rules of ASA. I am a member in good standing of this softball team and I am eligible to compete with this team in the championship play of the ASA. I understand that I may play on only one team within a division during the season in ASA championship play and this is the team which I have elected to play for this season. I understand and agree that ASA has the right to take permanent possession of a bat that has been determined to be altered. In consideration of my being permitted to compete, I hereby give permission to the ASA and its local associations to use in any and all publications that they may desire, all pictures taken of the undersigned in their publicizing the game of softball. I hereby subscribe my name in the column for signatures and by doing so certify that I have read this statement and that information supplied on this roster is correct to the best of my knowledge.

PARENT/GUARDIAN AFFIDAVIT
IF PLAYER IS A MINOR, HIS OR HER PARENT OR LEAGAL GUARDIAN MUST SIGN ROSTER ON PAGE. NOTE: FOR JUNIOR OLYMPIC DIVISIONS, VERIFICATIONS OF BIRTH DATE FOR EACH PLAYER MUST BE ATTACHED. (I.E., Birth Certificate, Baptismal Certificate or Hospital Certificate may be used.) Legible photo copies will be accepted. I HEREBY GIVE PERMISSION TO THE TEAM MANAGER, INDICATED BELOW, TO OBTAIN MEDICAL TREATMENT FOR THE MINOR PLAYERS WHICH I AM EITHER PARENT OR LEGAL GUARDIAN, IN THE EVENT THAT I AM NOT AVAILABLE AND MEDICAL TREATMENT IS REQUIRED. On behalf of the minor player, I hereby incorporate by reference and agree to comply with the policies stated in the affidavit. I also hereby give permission to the ASA and its local associations to use in any and all publications that they may desire, all pictures taken of the minor player in their publicizing the game of softball. I hereby subscribe my name in the column for signatures and by doing so certify that I have read this statement and that information supplied on this roster is correct to the best of my knowledge.

I, THE UNDERSIGNED, AGREE AND UNDERSTAND THAT I voluntarily and of my free will am a member of this softball team and league until I am given my release, in writing, by said team and same is recorded in the office of the Canton Joint Recreation District.

I UNDERSTAND there are certain risks and hazards involved in participating in softball that may result in injury or death to me and other players including, but not limited to those hazards associated with weather conditions, playing conditions, equipment, and other participants.

I UNDERSTAND the vary nature of the game of softball is hazardous and risky, including, but not limited to, the acts of pitching, throwing, fielding and catching the ball, swinging the bat, running, jumping, sliding, diving, collision with other players. Sliding into bases is dangerous to me and to other players which can cause serious injury or death to me or other players.

I VOLUNTARILY ELECT to accept and assume ALL RISK of injury incurred or suffered by me while participating, playing, or serving in a non-playing capacity as a team member during practice or play, or play other teams, or by players of my team, and while on or upon the premises of fields arranged by my team or league for practices or games.

I PROMISE to abide by the rules and regulations/policies of the Canton Joint Recreation District and the league to which the said team is a member. I hold harmless the Canton Joint Recreation District, A.S.A. Umpires, City of Canton, Canton Park District, or their agents, employees, volunteers, and my backer of any financial responsibility due to injuries or property damage while playing or practicing.

I UNDERSTAND I must pay all hospital and/or ambulance costs incurred. I further understand that if I am injured or the situation necessitates the calling of any medical services and the use thereof, I hold full responsibility for any liabilities arising out of these services and will not hold the Canton Joint Recreation District, A.S.A. Umpires, City of Canton, Canton Park District, nor any constituent thereof responsible. I grant permission to have emergency first aid to be administered in case of injury incurred.

I, maintain that I have read this agreement and acknowledge responsibility for all the above statements.

(PLEASE PRINT)

NAME:		PLAYER CHECK ONE:	
ADDRESS:		<input type="checkbox"/>	ELIGIBLE
CITY:	ZIP:	<input type="checkbox"/>	INELIGIBLE - (\$25.00) - RECEIPT #
HOME PHONE:		<input type="checkbox"/>	PART-TIME - (\$15.00) - RECEIPT #
CELL PHONE:			
WORK PHONE:		FILL IN IF YOU ARE ON ANOTHER TEAM	
E-MAIL ADDRESS:		LEAGUE:	
FULL-TIME EMPLOYER:		TEAM:	
PART-TIME EMPLOYER:			
SPOUSES FULL-TIME EMPLOYER:		COED LEAGUE:	
SPOUSES EMPLOYER ADDRESS:		TEAM:	

Signature of Player

Date

PLAYER ELIGIBILITY..... A photo ID MUST accompany this contract.

1. Players must be 18 years of age on or before September 1st of the current season.
2. Players may participate in any number of leagues ... as long as the leagues do not play on the same day or days.
3. Players cannot play on two (2) or more teams that are in the same tournament.

PLAYER RELEASE: (OFFICE USE ONLY)

DATE: _____ **MANAGER SIGNATURE:** _____